06056

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Three Pines Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural, give location) 417 E. Patrick St

3. NAME OF DECEASED (Type or Print) (First) MINNIE (Middle) GOUKER (Last) BARNES
4. DATE OF DEATH (Month) 6 (Day) 27 (Year) 1953

5. SEX female
6. COLOR OR RACE white
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) widowed
8. DATE OF BIRTH May 19 1870
9. AGE last birthday 83 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm Stewart
14. MOTHER'S MAIDEN NAME Mary Ellen Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT George F. Gouker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral Hemorrhage — 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 5 yrs. +

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1951, to June 27, 1953, that I last saw the deceased alive on June 27, 1953, and that death occurred at 7 a m., from the causes and on the date stated above.

SIGNATURE B O Thomas MD (Degree or title) ADDRESS Frederick, Md DATE SIGNED 6/29/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 6/29/53
NAME OF CEMETERY OR CREMATORY Mt. Olivet
LOCATION (City, town, or county) Frederick Frederick (State) Md

DATE REC'D BY LOCAL REG. 29 June 1953
REGISTRAR'S SIGNATURE Elizabeth G. Hock
24. FUNERAL DIRECTOR Harry E. Carty Co ADDRESS Frederick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1953
BUREAU V. S.

06057

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 121 W. ALL SAINTS ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
STREET ADDRESS (If rural, give location) 121 W. ALL SAINTS ST.

3. NAME OF DECEASED (Type or Print) (First) CORA (Middle) I (Last) BEANER
4. DATE OF DEATH (Month) JUNE (Day) 29, (Year) 1953
5. SEX FEMALE
6. COLOR OR RACE COLORED
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) WIDOW
8. DATE OF BIRTH 3-16-1888
9. AGE last birthday 65 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fred. Co.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Preston Moore Jeffers, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
151X Immediate cause	(a) BRONCHOPNEUMONIA & CACHEXIA	72 HRS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CARCINOMA OF STOMACH WITH METASTASES	10 MOS. T
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Robert J. Tuine (Degree or title) M.D. ADDRESS 620 Lee Place, Frederick, Md DATE SIGNED 6-29-53

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) Burial
DATE THEREOF 7-2-53
NAME OF CEMETERY OR CREMATORY Fairview
LOCATION (City, town, or county) (State) Frederick - Md

DATE REC'D BY LOCAL REG. 1 July 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR Chas. E. Kirks III ADDRESS Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06058

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~, (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Rural - Frederick
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Buckeystown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ALBERT (Middle) (Last) BELL

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: November 30, 1889

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Bell

14. MOTHER'S MAIDEN NAME: Ellen Kennedy

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-05-6773

17. INFORMANT & ADDRESS: Mr. John Morningstar, Buckeystown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral hemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b)
DUE TO
(260X)
(c)

Interval Between Onset And Death: 36 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 10+ yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to 6/15, 1953, that I last saw the deceased alive on 6/15, 1953, and that death occurred at 5:00 P.M., from the causes and on the date stated above.
SIGNATURE Charles J. Conley Jr M.D. (Degree or title) ADDRESS Frederick, Md DATE SIGNED 6/16/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 17, 1953
NAME OF CEMETERY OR CREMATORY Frederick Memorial Park
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 16 June 1953
REGISTRAR'S SIGNATURE Elizabeth G. Herb.
24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland

VS. A10

RECEIVED
JUN 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06059

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 81

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ladiesburg
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ladiesburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Madelyn (Middle) Doris (Last) Blessing
4. DATE OF DEATH (Month) June (Day) 18 (Year) 1953
5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH 5/19/1919
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME not known
14. MOTHER'S MAIDEN NAME not known
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Frank S. Blessing, Ladiesburg Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

976X Immediate cause (a) Bullet wound of head. Immed.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Nr Keymar, (COUNTY) Frederick (STATE) Md.
TIME OF INJURY (Month) June (Day) 18, (Year) 1953 (Hour) 8 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Self-inflicted gunshot

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE Charles H. Conley Jr. (Degree or title) M.D. ADDRESS Frederick, Md. DATE SIGNED 6/18/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 6/21/53
NAME OF CEMETERY OR CREMATORY Haughs Cem.
LOCATION (City, town, or county) Ladiesburg (State) Md.
DATE REC'D BY LOCAL REG. June 19, 1953
REGISTRAR'S SIGNATURE Leslie J. Kepp
24. FUNERAL DIRECTOR D. D. Hartzler & Sons ADDRESS
Luther Powell mgr. Elsion Bridge, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06060

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick; MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Frederick; LENGTH OF STAY (In this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Frederick; STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) E. (Last) BOOKER

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec. 31, 1874

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bricklayer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John F. Booker

14. MOTHER'S MAIDEN NAME: Sarah Burdette

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 217-10-9407

17. INFORMANT AND ADDRESS: Mr. Joseph C. Booker, Braddock, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 12 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Charles H. Bailey Jr. (Degree or title) Md. ADDRESS Frederick, Md. DATE SIGNED 6/19/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF June 20, 1953; NAME OF CEMETERY OR CREMATORY Urbana Methodist Cemetery; LOCATION (City, town, or county) (State) Urbana, Maryland

DATE REC'D BY LOCAL REG. 19 June 1953; REGISTRAR'S SIGNATURE Elizabeth S. Herb.

24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland

RECEIVED
JUN 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06061

CERTIFICATE OF DEATH

Reg. Dist. No. 181

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural Thurmont
STREET ADDRESS (If rural give location) R.D.#1 Catoctin Furnace

3. NAME OF DECEASED: (Type or Print) (First) Donald (Middle) Horace (Last) Bostian

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): Married
8. DATE OF BIRTH: March 3, 1907
9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lodge Operator
10b. KIND OF BUSINESS OR INDUSTRY: Corn Gauge
11. BIRTHPLACE (State or foreign country): Frederick Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Horace Bostian
14. MOTHER'S MAIDEN NAME: Lottie Buhl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: 217-10-9113
17. INFORMANT & ADDRESS: Mrs Burkah Bostian, Thurmont, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

023X

Immediate cause (a) Syphilitic heart disease with congestive failure — Interval Between Onset And Death: 9 mo.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Syphilis — ? 10 yrs.

DUE TO

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1952, to June 28, 1953, that I last saw the deceased alive on June 28, 1953, and that death occurred at 5:30 AM June 29, 1953, from the causes and on the date stated above.

SIGNATURE (Degree or title) Lex R Martin, M.D.
ADDRESS Frederick 35 E. Church St. Frederick Md
DATE SIGNED 6-29-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 1, 1953
NAME OF CEMETERY OR CREMATORY Blue Ridge
LOCATION (City, town, or county) Thurmont Fred. Co. Md (State)
DATE REC'D BY LOCAL REGISTRAR 1 July 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR M L Creager & Son, Thurmont Md
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06062

CERTIFICATE OF DEATH

Reg. Dist. No. 13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (In this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 Dill Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 216 Dill Avenue

3. NAME OF DECEASED (Type or Print): (First) MARION (Middle) E. (Last) BROWN
4. DATE OF DEATH: (Month) June (Day) 30 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Single
8. DATE OF BIRTH: May 23, 1869
9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wholesale Dairy Operator
10b. KIND OF BUSINESS OR INDUSTRY: Dairy
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John H. Brown
14. MOTHER'S MAIDEN NAME: Ellen Carroll
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mr. Charles W. Brown, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2

Immediate cause (a) Uremia — Interval between onset and death: 6 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chronic Myocarditis & — 5 yrs

(c) Parenchymatous Nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1953, to June 30, 1953, that I last saw the deceased alive on June 30, 1953, and that death occurred at 10:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. E. Thomas M.D. Frederick Md July 1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE July 2, 1953
NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 1 July 1953
REGISTRAR'S SIGNATURE Elizabeth S. Heck
24. FUNERAL DIRECTOR ADDRESS C. E. Cline & Son, Frederick, Maryland

RECEIVED
JUL 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C6063

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 West Fifth Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 107 West Fifth Street

3. NAME OF DECEASED: (Type or Print) (First) NETTIE (Middle) MARGARET (Last) BUTLER
4. DATE OF DEATH: (Month) 6 (Day) 12 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED,~~ (Specify): Divorced
8. DATE OF BIRTH: Unknown
9. AGE last birthday: 63 ? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House-work
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Hezekiah Orndorff
14. MOTHER'S MAIDEN NAME: Susan (Last Name Unknown)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: 107 W. 5th St., Charles V. Butler, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) ARTERIOSCLEROTIC HEART DISEASE — Interval Between Onset And Death: Unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1, 1953, to 6/12, 1953, that I last saw the deceased alive on 5/1, 1953, and that death occurred at 4 PM, from the causes and on the date stated above.

SIGNATURE Rob't R. Martin (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 13 June 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 15 June 1953
NAME OF CEMETERY OR CREMATORY Frederick Memorial Park
LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR 15 June 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR M. R. Etchison & Son, Frederick, Maryland ADDRESS

RECEIVED
JUN 16 1953
BUREAU V. S.

Item 18 Film G155 7-6-53 ams

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06064

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN State Sanatorium
LENGTH OF STAY (in this place) Since 5/29/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Victor Cullen State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 2604 Cheverly Ave.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Walter (Last) Davis
4. DATE OF DEATH (Month) June (Day) 8 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 1/25/1881
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Mechanical Engineer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Massachusetts
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles Davis
14. MOTHER'S MAIDEN NAME Alvana Whitcomb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

C/L X

Immediate cause (a) Spastic Paralysis ~~(cause unknown)~~ — INTERVAL BETWEEN ONSET AND DEATH: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) A large tuberculoma compressing the spinal cord.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis — 4 Mos.

19a. DATE OF OPERATION 5/15/53 (Hadley Mem. Hosp)
19b. MAJOR FINDINGS OF OPERATION An extradural mass found at level of 10th & 11th dorsal vertebrae
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/29, 1953, to 6/8, 1953, that I last saw the deceased alive on 6/8, 1953, and that death occurred at 12:01 A m., from the causes and on the date stated above.

SIGNATURE J B Lyon, M.D. (Degree or title) ADDRESS State Sanatorium, Md. DATE SIGNED 6/8/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF [illegible]
NAME OF CEMETERY OR CREMATORY Ft. Lincoln
LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REG. 6/8/53
REGISTRAR'S SIGNATURE J B Lyon
24. FUNERAL DIRECTOR Gasch's Sons, Hyattsville, Md. ADDRESS

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JUN 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06065

Reg. Dist. No. 131

1. PLACE OF DEATH: Frederick
COUNTY — MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town): Frederick
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Fred.
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): New London
STREET ADDRESS (If rural give location): Rural New London

3. NAME OF DECEASED: (Type or Print) (First) Rachel (Middle) / (Last) Dorsey

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Col.
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): Widowed
8. DATE OF BIRTH: Dec. 3 - 1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Fred. County
12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Margaret Dorsey - 15-6th St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

260X

Immediate cause (a) Diabetic Coma — Interval Between Onset And Death: 14 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Diabetes Mellitus — several years

DUE TO

(c) Arteriosclerotic Heart Disease — several years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 18, 1953, to June 19, 1953, that I last saw the deceased alive on June 19, 1953, and that death occurred at 1:15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): A. A. Cearre M.D.
ADDRESS: Frederick Md.
DATE SIGNED: June 19/53

23. BURIAL, ~~CREMATION,~~ ~~REMOVAL~~ (Specify): Burial
DATE THEREOF: 6-22-53
NAME OF CEMETERY OR CREMATORY: Dorsey Chapel
LOCATION (City, town, or county) (State): New London

DATE REC'D BY LOCAL REGISTRAR: 22 June 1953
REGISTRAR'S SIGNATURE: Elizabeth G Heck
24. FUNERAL DIRECTOR: Chas. E. Kirk III
ADDRESS: Fred. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5 (T)

RECEIVED
JUN 23 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06066

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Knoxville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Knoxville R.F.D.#1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Knoxville
STREET ADDRESS (If rural give location) Knoxville R.F.D. #1

3. NAME OF DECEASED: (Type or Print) (First) BERTIE (Middle) (Last) FERRELL

4. DATE OF DEATH: (Month) June (Day) 28, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED,~~ (Specify): Single

8. DATE OF BIRTH: May 6,1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housework

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James C. Ferrell

14. MOTHER'S MAIDEN NAME: Laura DeLaughter

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY NO: None

17. INFORMANT & ADDRESS: Miss Ethel Ferrell,Knoxville,R.F.D.#1,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) CORONARY OCCLUSION — Interval Between Onset And Death: 18 Hours

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) CORONARY SCLEROSIS and — 5 Years

DUE TO

(c) Chronis Myocarditis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/6, 1953, to 6/28, 1953, that I last saw the deceased alive on 6/27, 1953, and that death occurred at 5:45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) C. Talbot Bruce M.D.

ADDRESS Jefferson,Maryland

DATE SIGNED 6/29/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 30,1953

NAME OF CEMETERY OR CREMATORY Reformed Cemetery

LOCATION (City, town, or county) (State) Jefferson, Maryland

DATE REC'D BY LOCAL REGISTRAR 30 June 1953

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR M.R. Etchison & Son, ADDRESS Frederick,Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

C6667

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15A

1. PLACE OF DEATH: COUNTY FREDERICK — MARYLAND
CITY ~~OR TOWN~~ (If outside corporate limits, write RURAL and give nearest town) FREDERICK | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS RTE #4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK
STREET ADDRESS (If rural, give location) 242 W 5th St.)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) THEO (Last) FISHER
4. DATE OF DEATH: (Month) JUNE (Day) 26, (Year) 1953
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) MARRIED
8. DATE OF BIRTH: OCT. 4, 1913
9. AGE last birthday: 39 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER
10b. KIND OF BUSINESS OR INDUSTRY: Paint Firm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Harry T. Fisher
14. MOTHER'S MAIDEN NAME: May Strine
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Elizabeth T. Fisher, 256 S. Carroll St Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY ARTERY THROMBOSIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC HEART DISEASE — YRS.

(c)

4220

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐, CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

Robert J. Jurie M.D. 620 Lee Place, Frederick, Md. 6-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 29, 1953 | NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery | LOCATION (City, town, or county) (State) Frederick, Maryland

DATE REC'D BY LOCAL REG. 27 June 1953 | REGISTRAR'S SIGNATURE Elizabeth S. Heck

24. FUNERAL DIRECTOR ADDRESS M.R. Etchison & Son, Frederick, Maryland

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JUN 30 1953
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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06068

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Thurmont
LENGTH OF STAY (in this place) 65 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Thurmont
STREET ADDRESS (If rural, give location) Foxville

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
LETHA	ELLEN	FOX	June	11	1953

5. SEX:	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Mar 15, 1871	82 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Frederick Co. Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jonathan Wolfe	Amanda Glickenstaff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Buena Wolfe - Lantz Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
331 X Immediate cause	(a) Cerebral Hemorrhage	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Hypertension	?
	(c) DUE TO Arteriosclerosis	?
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	Chronic myocarditis	?

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from April 2, 1953, to June 11, 1953, that I last saw the deceased alive on June 10, 1953, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

SIGNATURE M. Franklin Bixler (DEGREE OR TITLE) ADDRESS Thurmont Md DATE SIGNED 6/12/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 13, 1953	Mt. Moriah	Foxville - Fred Co. Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 13, 1953	Elroy M. Beitle	Paul F. Gitt	Myersville, Md.

VS. A15 8-51

RECEIVED
JUN 16 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 66669

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL) OR ~~TOWN~~ and give nearest town): Frederick
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town): Taneytown
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Jere (Middle) J. (Last) Garner

4. DATE OF DEATH: (Month) June (Day) 29, (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widowed

8. DATE OF BIRTH: 8/23/74

9. AGE Last birthday: 79 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Garner

14. MOTHER'S MAIDEN NAME: Margaret Frock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Isabel M. Garner Linwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval Between Onset And Death: 3 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cerebral Hemorrhage — 4 months

DUE TO

(c) Cardio Vascular Renal Disease —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-1, 1953, to 6-29, 1953, that I last saw the deceased alive on 6-29, 1953, and that death occurred at 2:30 PM, from the causes and on the date stated above.

SIGNATURE: H Lawrence Fahrney (Degree or title): MD — ADDRESS: Frederick Md — DATE SIGNED: 6-29-53

23. BURIAL, CREMATION, REMOVAL. (Specify): Buried — DATE THEREOF: 7-1-53 — NAME OF CEMETERY OR CREMATORY: Lutheran Cemetery — LOCATION (City, town, or county) (State): Taneytown Maryland

DATE REC'D BY LOCAL REGISTRAR: July 1st 1953 — REGISTRAR'S SIGNATURE: Elizabeth S. Keith

24. FUNERAL DIRECTOR: C.O. Fuss & Son — ADDRESS: Taneytown, Md

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Item 9 - F G 158 - 9/15/53 mnt.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

C6070

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural - Frederick
LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montevue - County Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Rural - Frederick
STREET ADDRESS (If rural give location) R.F.D. 5

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) IRA (Last) GORDON

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: Unknown

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Carpenter

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Gordon

14. MOTHER'S MAIDEN NAME: Lydia Roose Gordon

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. Roger B. Gordon, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chr. Cardio Renal Vascular Disease DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 4 yr

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12, 1952, to 6-4, 1953, that I last saw the deceased alive on 6-4, 1953, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

SIGNATURE U. T. Bourne Jr (Degree or title) ADDRESS Frederick Mnt DATE SIGNED 6-5-53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial

DATE THEREOF June 8, 1953

NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery

LOCATION (City, town, or county) (State) Jefferson, Maryland

DATE REC'D BY LOCAL REGISTRAR 8 June 1953

REGISTRAR'S SIGNATURE Elizabeth G. Heck

24. FUNERAL DIRECTOR C. E. Cline & Son, Frederick, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 T

RECEIVED
JUN 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06071

CERTIFICATE OF DEATH

Reg. Dist. No. 145

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Smithsburg-rural
LENGTH OF STAY (in this place): 75 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Smithsburg - rural
STREET ADDRESS (If rural give location): Garfield

3. NAME OF DECEASED: (Type or Print) (First) Katie (Middle) Estella (Last) Harne

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 8, 1877

9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Melvin L. Wise

14. MOTHER'S MAIDEN NAME: Ann Frances Selsan

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: M. D. K. Dixie Smithsburg, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

443X

Immediate cause (a) Chronic myocarditis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis — ?

DUE TO (c) Hypertension — ?

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to June 3, 1953, that I last saw the deceased alive on June 3, 1953, and that death occurred at 9:00 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): M Franklin Burk MD — ADDRESS: Thurmont Md — DATE SIGNED: 6/5/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 7 1953 — NAME OF CEMETERY OR CREMATORY: Mt Carmel U.B.Cem. — LOCATION (City, town, or county) (State): Garfield. Fredk Co. MD

DATE REC'D BY LOCAL REGISTRAR: June 7-1953 — REGISTRAR'S SIGNATURE: Floy M. Bittle

24. FUNERAL DIRECTOR: M.L.Creager & Son. Thurmont. — ADDRESS: Md

RECEIVED
JUN 9 1953
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

C6072

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Midway
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Midway
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) Allison (Last) Haugh

4. DATE OF DEATH (Month) June (Day) 2 (Year) 1953

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Nov. 11, 1881

9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant

10b. KIND OF BUSINESS OR INDUSTRY General Merchandise Store

11. BIRTHPLACE (State or foreign country) Frederick Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel C. Haugh

14. MOTHER'S MAIDEN NAME Ella Birely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Nannie D. Haugh New Midway, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Heart disease, Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Arteriosclerosis — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to June 1, 1953, that I last saw the deceased alive on Dead on arrival, 19....., and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE James T. Gray (Degree or title) M.D. ADDRESS Thurmont, Md. DATE SIGNED June 3 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 6/4/1953

NAME OF CEMETERY OR CREMATORY Mt. Hope

LOCATION (City, town, or county) Woodsboro (State) Md.

DATE REC'D BY LOCAL REG. 6/4/53

REGISTRAR'S SIGNATURE L C Powell

24. FUNERAL DIRECTOR Powell & Hartzler, ADDRESS Woodsboro Md.

RECEIVED
JUN 8 19
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06073

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 108 East Sixth Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick
STREET ADDRESS (If rural give location): 108 East Sixth Street

3. NAME OF DECEASED: (Type or Print) (First) HIRAM (Middle) WEBSTER (Last) HECK

4. DATE OF DEATH: (Month) 6 (Day) 16 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 17 Jan 1876

9. AGE last birthday: 77 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Maintenance Man

10b. KIND OF BUSINESS OR INDUSTRY: Theatre

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hiram R. Heck

14. MOTHER'S MAIDEN NAME: Loretta Hilton

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-10-2728

17. INFORMANT & ADDRESS: 108 E. 6th St., Franklin W. Heck, Frederick, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

Immediate cause (a) DUE TO: Chronic Myocarditis

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: Bronchial Asthma

(c)

Interval Between Onset And Death: (a) yrs. (b) yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec [illegible], 1952 to June 16, 1953, that I last saw the deceased alive on June 15, 1953, and that death occurred at 8 AM from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D.

ADDRESS Frederick, Maryland

DATE SIGNED 16 June 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 18 June 1953

NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 16 June 1953

REGISTRAR'S SIGNATURE: Elizabeth G. Heck

24. FUNERAL DIRECTOR: M. R. Etchison & Son

ADDRESS: Frederick, Maryland

VS. A15

RECEIVED
JUN 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

060174

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Frederick MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frederick; LENGTH OF STAY (In this place) 2 wks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) New Market; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Eleanore (Last) James

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 1909

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): New Market Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Augustus Riggs

14. MOTHER'S MAIDEN NAME: Agnes E. Riggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 220-01-3811

17. INFORMANT & ADDRESS: Lewis C James Jr New Market Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Uremia — Interval Between Onset And Death: Days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension — Interval Between Onset And Death: years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 June 1953, to 25 June, 1953, that I last saw the deceased alive on 25 June, 1953, and that death occurred at 11:30 A.M. from the causes and on the date stated above.

SIGNATURE James B. Thomas, M.D. (Degree or title) ADDRESS Frederick, Md. DATE SIGNED 6/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 6-28-53; NAME OF CEMETERY OR CREMATORY Simpson Chapel Cem; LOCATION (City, town, or county) New Market (State) Md.

DATE REC'D BY LOCAL REGISTRAR 6-26-53; REGISTRAR'S SIGNATURE Frank R. Smith, Jr. DEPUTY LOCAL REGISTRAR

24. FUNERAL DIRECTOR W. E. Falconer, New Market Md. ADDRESS

RECEIVED
JUL 7 1953
BUREAU V. S.

Item 9 FilmG155 6/30/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06075

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural- Frederick
MARYLAND LENGTH OF STAY (in this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Montevue County Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural- Frederick
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Cornelia (Middle) (Last) Jones
4. DATE OF DEATH: (Month) June (Day) 24 (Year) 19 53
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: ?
9. AGE last birthday: 35? yrs. IF UNDER 1 YEAR: Month Days; IF UNDER 24 HRS: Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Marshall Jones
14. MOTHER'S MAIDEN NAME: Louise Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Montevue County Home Records- Frederick-Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause: 581.0 (a) DUE TO Cirrhosis of Liver — Interval Between Onset And Death: 2 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SICNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 1952, to June 5, 1953, that I last saw the deceased alive on June 5, 1953 and that death occurred at 4 P.M., from the causes and on the date stated above.
SIGNATURE: H. Kline M.D. (Degree or title)
ADDRESS: Frederick Md.
DATE SIGNED: June 25 53

23. BURIAL, CREMATION, REMOVAL (Specify): Removal
DATE THEREOF: 6-25-1953
NAME OF CEMETERY OR CREMATORY: State Anatomical Board
LOCATION (City, town, or county) (State): Baltimore- Maryland
DATE REC'D BY LOCAL REGISTRAR: 25 June 1953
REGISTRAR'S SIGNATURE: Elizabeth S Heck.
24. FUNERAL DIRECTOR: C.E.Cline and Son- Frederick- Maryland
ADDRESS:

VS. A15

RECEIVED
JUN 26 1
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C6076

CERTIFICATE OF DEATH

Reg. Dist. No. 1-3-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Emmitsburg, Md.
LENGTH OF STAY (in this place) 13 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 215 North Seton Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Emmitsburg, Md.
STREET ADDRESS (If rural, give location) 215 North Seton Ave.

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) Patrick (Last) Kelly

4. DATE OF DEATH: (Month) June (Day) 8, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Oct. 11, 1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Frederick Co. Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Kelly

14. MOTHER'S MAIDEN NAME: Mary Ellen Tot

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Jerome M Kelly 215 North Seton Ave. Emmitsburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) coronary occlusion	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) arteriosclerotic cardiovascular disease	several years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bladder stones –

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 35, 19..., to June 8, 53, that I last saw the deceased alive on June 8, 1953, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

SIGNATURE W. R. Castle M.D. (DEGREE OR TITLE) ADDRESS Emmitsburg, Md. DATE SIGNED 6-9-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF June 10, 1953

NAME OF CEMETERY OR CREMATORY St. Joseph Catholic

LOCATION (City, town, or county) (State) Emmitsburg, Frederick Co. Md.

DATE REC'D BY LOCAL REG. June 9-1953

REGISTRAR'S SIGNATURE M. F. Shuff

24. FUNERAL DIRECTOR S. L. Allison ADDRESS Emmitsburg, Md.

S. L. Allison

VS. 15 8-51

RECEIVED
JUN 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 13.1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 67-8 market St

3. NAME OF DECEASED: (First) Stella (Middle) (Last) Kessler
4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widowed
8. DATE OF BIRTH: Feb 15 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Home wife
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Simon Cather
14. MOTHER'S MAIDEN NAME: Rebecca Benner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Mamie Kerr Frederick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

151X
Immediate cause (a) Scirrhous Carcinoma of Stomach — 12 Months
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12/19/52
19b. MAJOR FINDINGS OF OPERATION: Scirrhous carcinoma of Stomach
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1952, to June 9, 1953, that I last saw the deceased alive on June 9, 1953, and that death occurred at 1.45 pm, from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
J. D. Schuchman M.D. 228 N Market St Frederick 6/9/53

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) Burial
DATE THEREOF June 11/53
NAME OF CEMETERY OR ~~CREMATORY~~ Beni Israel
LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REGISTRAR 9 June 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR Leo Fineman & Sons
ADDRESS 1124 Eutaw Place Balto Md

VS. A15

RECEIVED
JUN 11 1953
BUREAU V.I.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]6078

CERTIFICATE OF DEATH

Reg. Dist. No. 3

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Frederick
LENGTH OF STAY (in this place) 19 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Mem. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Frederick
CITY OR TOWN ~~Frederick~~ Thurmont
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Patrick (Middle) (Last) Kirchen
4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	S	19 June 53	yrs.		19

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country) Md
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Walter Kirchen
14. MOTHER'S MAIDEN NAME: Emma Louise Booth

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: no
17. INFORMANT & ADDRESS: Emma L. Kirchen Thurmont Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

769.9
Immediate cause (a) Toxemia of Mother — Interval Between Onset And Death
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Prematurity
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 Je., 1953, to 20 Je., 1953, that I last saw the deceased alive on 20 Je., 1953, and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R L Guest	MD	7E. Church Frederick Md.	20 Je 53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jun. 22-53	Knoxville Cem.	Knoxville Fredk Co Md

DATE REC'D BY LOCAL REGISTRAR: 22 June 1953
REGISTRAR'S SIGNATURE: Elizabeth S. Keck
24. FUNERAL DIRECTOR: M. T. Ferguson
ADDRESS: Thurmont Md

2063385301

VS. A15-7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

1 MARGIN RESERVED FOR BINDING

RECEIVED
JUN 23 1953
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (6079)

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL) OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Frd.
~~CITY~~ OR TOWN (If outside corporate limits, write RURAL and give nearest town) Middletown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) Elmer (Middle) Jacob (Last) Koogle
4. DATE OF DEATH: (Month) 6 (Day) 24 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): Single
8. DATE OF BIRTH: 9-15-1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: Potomac Edison Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Charles H. Koogle
14. MOTHER'S MAIDEN NAME: Amanda Main
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-10-5877
17. INFORMANT & ADDRESS: Alice Koogle, Middletown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) ~~Coma~~ Cerebral Hemorrhage — Interval Between Onset And Death 11 hrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c) Arterio-Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1953, to June 24, 1953, that I last saw the deceased alive on June 24, 1953 and that death occurred at 9:10 P., from the causes and on the date stated above.
SIGNATURE (Degree or title) J E Harp M.D.
ADDRESS Middletown
DATE SIGNED 6-25-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-28-1953
NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
LOCATION (City, town, or county) (State) Middletown, Md.
DATE REC'D BY LOCAL REGISTRAR June 28 1953
REGISTRAR'S SIGNATURE Elizabeth S. Heck
24. FUNERAL DIRECTOR Gladhill Co.
ADDRESS Middletown, Md.

VS. A15

RECEIVED
JUN 30 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 131 (16680)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Jefferson, R.F.D. #1
STREET ADDRESS (If rural give location) Near Jefferson

3. NAME OF DECEASED: (Type or Print) (First) AMY (Middle) CATHERINE (Last) LAKIN

4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED, WIDOWED, DIVORCED~~, (Specify): Single

8. DATE OF BIRTH: March 27, 1892

9. AGE Last birthday: 61 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cephus E. Lakin

14. MOTHER'S MAIDEN NAME: Flora B. Souder

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Nellie V. Thrasher, Jefferson, Rt. #1, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Coronary Occlusion — 5 mi
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Chronic Myocarditis & Coronary Sclerosis — 5 yrs
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan ..., 1953, to 6/20, 1953, that I last saw the deceased alive on 6/20, 1953, and that death occurred at 9:45 PM, from the causes and on the date stated above.

SIGNATURE E. L. Price (Degree or title) M. D. ADDRESS Jefferson, Maryland DATE SIGNED 22 June 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF June 23, 1953 — NAME OF CEMETERY OR CREMATORY Reformed Cemetery — LOCATION (City, town, or county) (State) Jeffreson, Maryland

DATE REC'D BY LOCAL REGISTRAR 23 June 1953 — REGISTRAR'S SIGNATURE Elizabeth L. Hesler

24. FUNERAL DIRECTOR ADDRESS H.R. Etchison & Son, Frederick, Maryland

VS. A15

RECEIVED
JUN 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06081

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town) Frederick
LENGTH OF STAY (in this place) II Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Hopehill (rural)
STREET ADDRESS (If rural give location) Hopehill

3. NAME OF DECEASED: (Type or Print) (First) Kattie (Middle) Catherine (Last) Lee
4. DATE OF DEATH: (Month) June 8, (Day) (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married
8. DATE OF BIRTH: Mar. I, I882
9. AGE last birthday: 7I yrs. IF UNDER I YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Domestic
10b. KIND OF BUSINESS OR INDUSTRY: ******
11. BIRTHPLACE (State or foreign country) Centerville, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jesse Harris
14. MOTHER'S MAIDEN NAME: Sarah Fisher

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 2I9-07-8I82
17. INFORMANT & ADDRESS: William T. Lee------ Hopehill, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) DUE TO Coronary occlusion

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death 1 wk

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1953, to June 8, 1953, that I last saw the deceased alive on June 7, 1953, and that death occurred at 5:45 A.M. from the causes and on the date stated above.

SIGNATURE, (Degree or title) E. B. Clinton ADDRESS DATE SIGNED

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF June I2-53
NAME OF CEMETERY OR ~~CREMATORY~~ Hopehill
LOCATION (City, town, or county) (State) Hopehill, Md.

DATE REC'D BY LOCAL REGISTRAR 12 June 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR Chas. C. Hicks III Fred. Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 1953
BUREAU V. R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

3082

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13

1. PLACE OF DEATH: COUNTY Frederick MD. Three Pines Nursing Home MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDERICK
LENGTH OF STAY (in this place) 3. weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Escondido California
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Florrie (Middle) J. (Last) Lithicum

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Aug. 9 1868

9. AGE last birthday: 84 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Frederick MD.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Purdum

14. MOTHER'S MAIDEN NAME: Ellie Lewis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Robert S. Windsor Monrovia MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

472 / Immediate cause (a) cardiovascular disease - Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) generalized arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7th, 1953, to June 5, 1953, that I last saw the deceased alive on June 5, 1953, and that death occurred at 6:00 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Bertrand R Gaer M.D. Boyer Clinic DAMASCUS md 6/13/53

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation

DATE THEREOF: June. 15. 1953

NAME OF CEMETERY OR CREMATORY: Fort Licolm Crematory

LOCATION (City, town, or county) (State): Prince George CO.

DATE REC'D BY LOCAL REG.: 13 June 1953

REGISTRAR'S SIGNATURE: Elizabeth G. Heb.

24. FUNERAL DIRECTOR: Roy W. Barber

ADDRESS: Laytonsville Md

RECEIVED
JUN 16 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06083

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural give location): 228 Dill Avenue

3. NAME OF DECEASED: (Type or Print) (First) JULIUS (Middle) FREDERICK (Last) LOCHNER

4. DATE OF DEATH: (Month) 6 (Day) 11 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: 26 Jan 1873

9. AGE Last birthday: 80 yrs.

IF UNDER 1 YEAR: Months | Days — IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Custodian

10b. KIND OF BUSINESS OR INDUSTRY: Masonic Temple

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nicholas Lochner

14. MOTHER'S MAIDEN NAME: Barbara Ann Baumgardner

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 214-10-1737

17. INFORMANT & ADDRESS: 228 Dill Ave., Mrs. Mary S. Lochner, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
422.1 Immediate cause	(a) DUE TO	Cerebral Hemorrhage	6 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO	Arterio-sclerotic C.V. Disease	10 years
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 15, 1940, to June 11, 1953, that I last saw the deceased alive on June 10, 1953, and that death occurred at 6:35 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title): Bernard Hummel M. D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 12 June 1953

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify): Burial — **DATE THEREOF:** 13 June 1953 — **NAME OF CEMETERY OR CREMATORY:** Mount Olivet Cemetery — **LOCATION** (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 12 June 1953 — **REGISTRAR'S SIGNATURE:** Elizabeth L. Heck

24. FUNERAL DIRECTOR — **ADDRESS:** M. R. Etchison & Son, Frederick, Maryland

VS. 11

RECEIVED
JUN 15 1953
BUREAU V. S.

0084

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Burkittsville — LENGTH OF STAY (in this place): 35 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Farm

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Burkittsville
STREET ADDRESS (If rural, give location): Farm

3. NAME OF DECEASED (Type or Print): (First) Jay (Middle) Gould (Last) McCollister
4. DATE OF DEATH (Month) 6 (Day) 14 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan 2 1888
9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm & Fed
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Samuel G. McCollister
14. MOTHER'S MAIDEN NAME: Abigail Gould
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: 219-203 274
17. INFORMANT AND ADDRESS: Mrs Mary Hasley McCollister Burkittsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Thrombosis — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 8, 1952 to Apr 14, 1953 that I last saw the deceased alive on Apr 14, 1953 and that death occurred at 6 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): H. Fletcher — ADDRESS: Frederick Md — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6-17-53 — NAME OF CEMETERY OR CREMATORY: St. Marys — LOCATION (City, town, or county) (State): Petersville Maryland

DATE REC'D BY LOCAL REG.: May 17 1953 — REGISTRAR'S SIGNATURE: Marie Gladhill — 24. FUNERAL DIRECTOR: C. H. Feete & Bro — ADDRESS: Brunswick Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C6085

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick
STREET ADDRESS (If rural give location) 476 West South St.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) (Last) McCain
4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1953
5. SEX: F.
6. COLOR OR RACE: W.
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Widow
8. DATE OF BIRTH: 5-22-86
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles Jones
14. MOTHER'S MAIDEN NAME: Lauen Buchanan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs. Thelma Oldrider FREDERICK

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Uremia — 8 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Chronic nephritis — 2 years

DUE TO

(c)

260X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute pancreatitis — 12 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION Diabetes Mellitus.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/25, 19 53, to 6/6, 19 53, that I last saw the deceased alive on June 5, 1953, and that death occurred at 4:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) F. P. Schoenheit M.D.
ADDRESS 224 N Market St Frederick
DATE SIGNED 6/6/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF June 9-1953
NAME OF CEMETERY OR CREMATORY Mt. Olivet Meth Ch.
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REGISTRAR 6 June 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck
24. FUNERAL DIRECTOR D. P. Bliss per C. Dr. F.
ADDRESS Arlington, Virginia

VS. A15

RECEIVED
JUN 11 1953
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

P6086

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ FREDERICK, MD. | LENGTH OF STAY (In this place) 8 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE VIRGINIA — COUNTY LOUDON
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ LOUETTSVILLE
STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ALICE	MEDORA	McGAVACK	JUNE	7,	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
FEMALE	WHITE	WIDOW	MAY 26, 1868	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	NONE	VIRGINIA	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SAMUEL W. GEORGE	VIRGINIA YAKEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		LORA MABEL RICHARD, BRUNSWICK, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) TRAUMATIC SHOCK	8 HRS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) FRACTURE OF LEFT HIP	8 HRS
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	HOME	ROUTE 1, LOVETTSVILLE,	LOUDON,	VA.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
6-6-53 10 pm.		FELL GETTING OUT OF BED

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert J. Imie	M. D.	620 Lee Place, Frederick Md	6/7/53

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9 June 1953	Reformed Cemetery	Lovettsville, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7 June 1953	Elizabeth S. Heck	M. R. Etchison and Son,	Frederick, Md.

RECEIVED
JUN 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 13

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
LENGTH OF STAY (in this place): About 32 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~: Frederick
STREET ADDRESS (If rural give location): 19 East Second Street

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) NATALIE (Last) McSHERRY

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: July 19, 1889

9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cornelius J. McCarthy

14. MOTHER'S MAIDEN NAME: Mary Mullen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mr. W. Clinton McSherry, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 420.1 DUE TO Acute Coronary Thrombosis

Antecedent causes (s) Diseases or conditions, If any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arteriosclerosis

(c)

Interval Between Onset And Death: 2 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: No

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 13, 1953, to June 14, 1953, that I last saw the deceased alive on June 14, 1953, and that death occurred at 5:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. A. Guare M.D. ADDRESS: Frederick, Md DATE SIGNED: 6/15/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 16, 1953
NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery
LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 15 June 1953
REGISTRAR'S SIGNATURE: Elizabeth S. Heck.

24. FUNERAL DIRECTOR ADDRESS: C. E. Cline & Son, Frederick, Maryland

VS. A1F (1)

RECEIVED
JUN 16 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

CC88

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN WALKERSVILLE
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY FREDERICK
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN WALKERSVILLE
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) ANNA (Middle) KELLER (Last) MEASELL
4. DATE OF DEATH (Month) JUNE (Day) 14 (Year) 1953

5. SEX F
6. COLOR OR RACE W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) MARRIED
8. DATE OF BIRTH 3-15-1880
9. AGE last birthday 73 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house WIFE
10b. KIND OF BUSINESS OR INDUSTRY OWN HOME
11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN D. KELLER
14. MOTHER'S MAIDEN NAME MARY KNOX

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. **
17. INFORMANT AND ADDRESS HARVEY E. MEASELL WALKERSVILLE MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary artery disease & myocardial dilatation	1 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardiovascular disease	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Aug, 1950, to 14 June 1953, that I last saw the deceased alive on 14 June, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE James C. Storer, Jr. (Degree or title) MD ADDRESS Walkersville, Md. DATE SIGNED 16 June 1953

23. BURIAL ~~CREMATION~~ ~~REMOVAL~~ (Specify) BURIAL
DATE THEREOF 6-17-1953
NAME OF CEMETERY OR CREMATORY MT HOPE
LOCATION (City, town, or county) WOODSBORO (State) MD

DATE REC'D BY LOCAL REG. 16 June 1953
REGISTRAR'S SIGNATURE Elizabeth G. Heck.
24. FUNERAL DIRECTOR G.C. BARTON ADDRESS WALKERSVILLE MD.

RECEIVED
JUN 17
BUREAU V. S.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

06689

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY FREDERICK — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN FREDERICK — LENGTH OF STAY (In this place) 7 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS FREDERICK MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WOODBINE — R.F.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) (Last) MERRIKEN
4. DATE OF DEATH: (Month) JUNE (Day) 23, (Year) 1953
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: 30 SEPT 1872
9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: UNKNOWN
14. MOTHER'S MAIDEN NAME: CATHERINE HECKMAN UNKNOWN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT AND ADDRESS: MRS. MARIE FEEHLEY, 401 S. ANGLESEA ST., BALTIMORE 24, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CONGESTIVE HEART FAILURE — 1 WK.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROTIC HEART DISEASE — YRS

(c) TRAUMATIC FRACTURE OF LEFT HIP — 1 WK

9440

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-22-53
19b. MAJOR FINDINGS OF OPERATION: INTERTROCHANTERIC FRACTURE LEFT FEMUR
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: HOME
(CITY OR TOWN): WOODBINE (COUNTY): CARROLL (STATE): MD
TIME OF INJURY (Month) (Day) (Year) (Hour): 6 - 16 - 53 — 5 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? FELL & FRACTURED HIP

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED
Robert J. Dunn M.D., 620 Lee Place, Frederick Md 6-23-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF: 27 JUNE 1953
NAME OF CEMETERY OR CREMATORY: OAK LAWN CEMETERY
LOCATION (City, town, or county) (State): BALTIMORE, MARYLAND

DATE REC'D BY LOCAL REG. 24 JUNE 1953
REGISTRAR'S SIGNATURE: Elizabeth S. Heck.
24. FUNERAL DIRECTOR — ADDRESS: ULLRICH FUNERAL HOME, BALTIMORE, MD.

RECEIVED

BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

090

Reg. Dist. No. 131

1. PLACE OF DEATH: COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Mount Airy --Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) EDNA (Middle) BEATRICE (Last) MYERS
4. DATE OF DEATH (Month) June (Day) 1 (Year) 1953
5. SEX Female
6. COLOR OR RACE Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) married
8. DATE OF BIRTH 1-14-1925
9. AGE last birthday 28 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY U.S.
13. FATHER'S NAME Clarence Costley
14. MOTHER'S MAIDEN NAME Genevia Collins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Armistead P. Myers, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

570.5

Immediate cause (a) Peritonitis following intestinal obstruction

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Postoperative intestinal resection

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒, *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE William [signature] (Degree or title) ADDRESS 700 Fleet Street, Baltimore, Md. DATE SIGNED 6/2/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | DATE THEREOF 6-3-1953 | NAME OF CEMETERY ~~OR CREMATORY~~ Fairview | LOCATION (City, town, or county) Carroll Co., Md. (State)

DATE REC'D BY LOCAL REG. 3 June 1953 | REGISTRAR'S SIGNATURE Elizabeth G. Heck | 24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 8
BURLEY V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH COUNTY: Frederick MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick — LENGTH OF STAY (in this place): 6 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brunswick
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Emergency Hospital	STREET ADDRESS (If rural, give location): West Potomac Street

3. NAME OF DECEASED (Type or Print): (First) Lucy (Middle) FLORENCE (Last) Norris

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 16. 1889

9. AGE last birthday: 64 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Frederick Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Benjamin R. Portner

14. MOTHER'S MAIDEN NAME: Sarah C. Hutzell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Wm S. Portner Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Insoficiency	2 yr
422.2 Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-6-1953 to 6-14-1953, that I last saw the deceased alive on 6-14-1953, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS: Brunswick Md DATE SIGNED: 6-15-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jun. 17-1953 — NAME OF CEMETERY OR CREMATORY: Luthern Cemetery — LOCATION (City, town, or county): Middletown Frederick Co. (State) Md

DATE REC'D BY LOCAL REG.: 16 June 1953 — REGISTRAR'S SIGNATURE: Elizabeth G. Hack — 24. FUNERAL DIRECTOR: M. L. Creager — ADDRESS: Van Thurmont

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
17
V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16092

CERTIFICATE OF DEATH

Reg. Dist. No. 1-4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-8-51

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Emmitsburg, Md.
LENGTH OF STAY (in this place): 32 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 311 East Main Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Emmitsburg, Md.
STREET ADDRESS (If rural, give location): 311 East Main Street

3. NAME OF DECEASED: (Type or Print) (First) Beecher (Middle) Lyman (Last) Ohler

4. DATE OF DEATH: (Month) June (Day) 22, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 23, 1866

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Frederick County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George A. Ohler

14. MOTHER'S MAIDEN NAME: Sara Fitterling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Chas. D. Ohler — 311 E. Main Emmitsburg Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

181X

Immediate cause (a) Carcinoma bladder — Interval between onset and death: 3 yrs

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: arteriosclerotic gangrene foot 6 mo

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 25, 1953 to June 22 1953, that I last saw the deceased alive on June 22 1953, and that death occurred at 4:05 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

W. R. Cadle MD Emmitsburg Md 6-23-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 25, 1953

NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery

LOCATION (City, town, or county) (State): Emmitsburg, Frederick Co. Md.

DATE REC'D BY LOCAL REG.: June 24-1953

REGISTRAR'S SIGNATURE: M. F. Shuff

24. FUNERAL DIRECTOR ADDRESS: S. L. Allison — Emmitsburg, Md.

S. L. Allison

RECEIVED

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick; LENGTH OF STAY (In this place) 6 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 East F. Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Frederick; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brunswick; STREET ADDRESS (If rural, give location) 908 East F. Street

3. NAME OF DECEASED (Type or Print): (First) LILLIE (Middle) VIDA (Last) POTTER

4. DATE OF DEATH: (Month) June (Day) 10, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 7, 1885

9. AGE last birthday: 68 yrs. If under 1 year: Months 3 Days 3 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Yarrowsburg, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Spencer

14. MOTHER'S MAIDEN NAME: Barbara Ann Hoffmaster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 705-07-7726-B

17. INFORMANT AND ADDRESS: Mrs. Barbara Strickler 208 E. F St., Brunswick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 Immediate cause (a) Myocardial insufficiency — Interval Between Onset and Death: 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-4-, 1953, to 6-10-, 1953, that I last saw the deceased alive on 6-10-, 1953, and that death occurred at 1:15 A.M., E.S.T., from the causes and on the date stated above.

SIGNATURE (Degree or title) MD ADDRESS Jimmond, Md. DATE SIGNED 6-11-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF 6/12/53; NAME OF CEMETERY OR CREMATORY: Brownsville Cemetery; LOCATION (City, town, or county) (State): Brownsville, Md.

DATE REC'D BY LOCAL REG. 6-12-53; REGISTRAR'S SIGNATURE Eugenia M. Burk

24. FUNERAL DIRECTOR [illegible], ADDRESS Bolivar, West Va.

VS (Apr)

RECEIVED
JUN 15 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0[illegible]94

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Frederick — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL OR ~~TOWN~~ and give nearest town): Frederick
LENGTH OF STAY (in this place): Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 229 East Second Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Frederick
STREET ADDRESS (If rural give location): 229 East Second Street

3. NAME OF DECEASED (Type or Print): (First) MARTHA (Middle) ANN (Last) ELIZABETH RHODERICK

4. DATE OF DEATH: (Month) 6 (Day) 18 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~, (Specify): Widow

8. DATE OF BIRTH: 14 Aug 1866

9. AGE last birthday: 86 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: House-work

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Rust

14. MOTHER'S MAIDEN NAME: Elizabeth Sandbower

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: 229 E. 2nd St., Mrs. Martin R. Wagner, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
157X
Immediate cause (a) Carcinoma of Pancreas — Interval Between Onset And Death: 6 Mo.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20 1953, to June 18 1953, that I last saw the deceased alive on June 17 1953, and that death occurred at 2:10 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): M. D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 19 June 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 20 June 1953 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 19 June 1953 — REGISTRAR'S SIGNATURE: Elizabeth G. Hess

24. FUNERAL DIRECTOR: M. R. Etchison & Son — ADDRESS: Frederick, Maryland

VS (A15)

RECEIVED
JUN 22 1953
BUREAU V. S.

06095

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 133

1. PLACE OF DEATH: COUNTY FREDERICK MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN NEAR SMITHSBURG
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HIGHWAY #77

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PENNSYLVANIA COUNTY X
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN YORK
STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print) (First) DEWEY (Middle) HERMAN (Last) RING
4. DATE OF DEATH (Month) JUNE (Day) 28, (Year) 1953
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) DIVORCED
8. DATE OF BIRTH 9-24-1923
9. AGE last birthday 29 yrs. If under 1 year: Months 9 Days 4 If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. BRAKEMAN
10b. KIND OF BUSINESS OR INDUSTRY RAILROAD
11. BIRTHPLACE (State or foreign country) VIRGINIA
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME GEORGE RING
14. MOTHER'S MAIDEN NAME SUE KATE LAWSON
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 416-9-28-4-6
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CRUSHED THORAX	5 mins.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) OVERTURNED AUTOMOBILE	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY HIGHWAY (CITY OR TOWN) NEAR SMITHSBURG, (COUNTY) FREDERICK, (STATE) MD.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6-28-53 6:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? AUTOMOBILE OVERTURNED & CRUSHED

22. *I certify that I took charge of the remains described above, held an Autopsy , Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Turie, M.D. 620 Lee Place, Frederick, Md. 6-28-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7/1/53
NAME OF CEMETERY OR CREMATORY Ring Cemetery
LOCATION (City, town or county) Rogersville, (State) Tenn.
DATE REC'D BY LOCAL REG. June 29, 1953 July 6, 1953
REGISTRAR'S SIGNATURE Onita Wolfe
24. FUNERAL DIRECTOR C.M. Suter & Sons
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AIA

RECEIVED
JUL 8 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06096

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Thurmont.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ARTHUR (Middle) LEE (Last) ROUZER

4. DATE OF DEATH: (Month) JUNE (Day) 22 (Year) 1953

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single | 8. DATE OF BIRTH: Feb 4 - 1876 | 9. AGE last birthday: 77 yrs. | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Farmer - Owner | 10b. KIND OF BUSINESS OR INDUSTRY: | 11. BIRTHPLACE (State or foreign country): Thurmont Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Rouzer | 14. MOTHER'S MAIDEN NAME: Emma Parish

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No | (If Yes, give war or dates of service) | 16. SOCIAL SECURITY NO.: 217-14-5994A | 17. INFORMANT & ADDRESS: Luther Rouzer, Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X Immediate cause (a) Cerebral hemorrhage DUE TO — Interval Between Onset And Death: Hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Uraemia DUE TO — 1 day

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 June, 1953, to 22 June 1953, that I last saw the deceased alive on 21 June, 1953, and that death occurred at 11:45 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) James B. Thomas, M.D. | ADDRESS Frederick, Md. | DATE SIGNED 6/23/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 24 - 1953 | NAME OF CEMETERY OR CREMATORY U. B. Cemetery | LOCATION (City, town, or county) (State) Thurmont Md.

DATE REC'D BY LOCAL REGISTRAR 24 June 1953 | REGISTRAR'S SIGNATURE Elizabeth G. Hecht | 24. FUNERAL DIRECTOR M. L. Creager Sons | ADDRESS Thurmont Md.

VS. A1E 1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 26 1953
BUREAU V.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH — COUNTY: Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frederick — LENGTH OF STAY (In this place): 9 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Fred.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brunswick
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Zachariah (Last) Shelton
4. DATE OF DEATH (Month) (Day) (Year): 6 - 3 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3-14-1868
9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Signal Mateiner
10b. KIND OF BUSINESS OR INDUSTRY: B & O. R. R Co
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mr Dorothy V. Swartz Brunswick Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) coronary Thrombosis — 6 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prostatic Hypertrophy & retention — 1 year

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1957, to 6/3/53, 19..., that I last saw the deceased alive on 6/3, 1953 and that death occurred at 2:25 P m., from the causes and on the date stated above.

SIGNATURE: William Wilson (Degree or title) MD — ADDRESS: Brunswick Md — DATE SIGNED: 6/5/53

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial — DATE THEREOF: 6-6-53 — NAME OF CEMETERY OR CREMATORY: Park Heights — LOCATION (City, town, or county) (State): Brunswick Md.

DATE REC'D BY LOCAL REG.: 6 June 1953 — REGISTRAR'S SIGNATURE: Elizabeth G. Heck — 24. FUNERAL DIRECTOR: C. H. Teeter & Bro Brunswick — ADDRESS: Md.

RECEIVED
JUN 9 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

C3098

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Frederick — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR ~~TOWN~~ Frederick | LENGTH OF STAY (in this place) 18 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Frederick Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Frederick
~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) OR TOWN Knoxville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FLORA (Middle) T (Last) SHIPE
4. DATE OF DEATH: (Month) JUNE (Day) 7 (Year) 1953
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. ~~SINGLE~~, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH: March 16-81
9. AGE last birthday: 72 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): WEST VIRGINIA
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Teole
14. MOTHER'S MAIDEN NAME: Susan —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Russell L. Snipe - Brunswick Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
916.0 Immediate cause	(a) SHOCK	18 HRS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 2° + 3° CUTANEOUS BURNS	18 HRS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY HOME (CITY OR TOWN) KNOXVILLE (COUNTY) FREDERICK (STATE) MD.
TIME OF INJURY (Month) (Day) (Year) (Hour) 6 - 7-53 12:30 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? COAL OIL LAMP EXPLODED, IGNITING CLOTHING

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Robert J. Jamie, M.D. 620 Lee Place, Frederick, Md 6-7-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6-10-53 | NAME OF CEMETERY OR CREMATORY Bolivar (Lutheran) | LOCATION (City, town, or county) Bolivar (State) W. Va
DATE REC'D BY LOCAL REG. 9 June 1953 | REGISTRAR'S SIGNATURE Elizabeth S. Hoch
24. FUNERAL DIRECTOR ADDRESS C. H. Feete + Bro. Brunswick Md.

VS-A15A

RECEIVED
JUN 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06099

CERTIFICATE OF DEATH

Reg. Dist. No. 141

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural-Knoxille
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keedysville
STREET ADDRESS (If rural give location) Main

3. NAME OF DECEASED: (Type or Print) (First) David (Middle) Hess (Last) Snyder

4. DATE OF DEATH: (Month) June (Day) 30 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Aug. 7, 1868
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Laborer
10b. KIND OF BUSINESS OR INDUSTRY: self-employed
11. BIRTHPLACE (State or foreign country): Keedysville
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Hiram Snyder
14. MOTHER'S MAIDEN NAME: Lucinda Gouff

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No: None
17. INFORMANT & ADDRESS: Mrs. Joseph Lerch

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Uremia - Myocardial

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) decompensation

DUE TO

(c) Tevalgid arteriosclerosis

Interval Between Onset And Death: 5 wks.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28, 1953, to 6/30, 1953, that I last saw the deceased alive on 6/30, 1953, and that death occurred at 9:10 P., from the causes and on the date stated above.

SIGNATURE A. T. Brice (Degree or title) MD ADDRESS Jefferson Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 3, 1953
NAME OF CEMETERY OR CREMATORY Fair View
LOCATION (City, town, or county) (State) Keedysville, Md
DATE REC'D BY LOCAL REGISTRAR July 3-53
REGISTRAR'S SIGNATURE Kathryn H. Brown
24. FUNERAL DIRECTOR R. I. Earnshaw--Keedysville. Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
APR 7 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

6106

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: FREDERICK — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FREDERICK
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 54 E. PATRICK ST.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: FREDERICK
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: FREDERICK
STREET ADDRESS (If rural, give location): 102 E. PATRICK ST.

3. NAME OF DECEASED (Type or Print): (First) LELIA (Middle) MAY (Last) SPARKS

4. DATE OF DEATH: (Month) JUNE (Day) 26, (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, ~~DIVORCED~~ (Specify): WIDOW

8. DATE OF BIRTH: October 29, 1892

9. AGE last birthday: 60 yrs.

If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Stump

14. MOTHER'S MAIDEN NAME: Ida Starner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: James L. Sparks, 27 East Third Street, Frederick, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): ACUTE CORONARY ARTERY OCCLUSION — Interval between onset and death: 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): ARTERIOSCLEROTIC HEART DISEASE — YRS

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. NONE

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: NONE (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? NONE

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ☒, Inquiry ___ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) ADDRESS: Robert J. Durie, M.D. 620 Lee Place, Frederick, Md. DATE SIGNED: 6-26-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 29, 1953

NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery

LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REG.: 29 June 1953

REGISTRAR'S SIGNATURE: Elizabeth L. Hoch.

24. FUNERAL DIRECTOR ADDRESS: M.R. Etchison & Son, Frederick, Maryland

VS. A15A

RECEIVED
JUN 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 145

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural Myersville
LENGTH OF STAY (in this place): 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Rural Myersville
STREET ADDRESS (If rural, give location): R.D.#2 - Mt Wolfsville

3. NAME OF DECEASED: (Type or Print) (First) WALTER (Middle) LYCURGUS (Last) STOTTLEMYER
4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Mar 21, 1871
9. AGE last birthday: 82 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own General Farm
11. BIRTHPLACE (State or foreign country): Wolfsville Fred Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Stottlemyer
14. MOTHER'S MAIDEN NAME: Louise Schildtknecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Miss Naomi Stottlemyer Myersville Md R.D.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

450.0

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Emboli	10 mts
DUE TO		
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arterio-Sclerosis generalized	20 yrs
DUE TO		
	(c) Rheumatic Heart Disease	40 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1953, to June 23, 1953, that I last saw the deceased alive on June 23, 1953, and that death occurred at 2:00 a.m., from the causes and on the date stated above.

SIGNATURE: G. G. Kopper — (DEGREE OR TITLE) M.D. — ADDRESS: Smittsburg — DATE SIGNED: 6/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 25, 1953
NAME OF CEMETERY OR CREMATORY: St Mark's Lutheran
LOCATION (City, town, or county): Wolfsville Fred Co (State) Md

DATE REC'D BY LOCAL REG.: June 25, 1953
REGISTRAR'S SIGNATURE: Floy M. Bittle
24. FUNERAL DIRECTOR: Paul F. Bittle — ADDRESS: Myersville, Md.

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JUN 26 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C6102

CERTIFICATE OF DEATH

Reg. Dist. No. 131

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Frederick MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5
LENGTH OF STAY (in this place) Several Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shookstown

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town) Frederick-Rural RD#5
STREET ADDRESS (If rural give location) Shookstown

3. NAME OF DECEASED: (Type or Print) (First) HELEN (Middle) ELIZABETH (Last) WHITTER

4. DATE OF DEATH: (Month) 6 (Day) 14 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: 15 Jan 1914

9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry E. Staley

14. MOTHER'S MAIDEN NAME: Nellie J. Staley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Nellie J. Staley, RD#5, Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

415X

Immediate cause (a) Acute heart failure — Interval Between Onset And Death: hours

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Rheumatic heart disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1907, to 6/14, 1953, that I last saw the deceased alive on 6/14, 1953, and that death occurred at 8:30 PM, from the causes and on the date stated above.

SIGNATURE James B. Thomas, (Degree or title) M. D. ADDRESS Frederick, Maryland DATE SIGNED 16 June 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 17 June 1953

NAME OF CEMETERY OR CREMATORY Pleasant Hill Cemetery

LOCATION (City, town, or county) (State) Frederick County Maryland

DATE REC'D BY LOCAL REGISTRAR 16 June 1953

REGISTRAR'S SIGNATURE Elizabeth G. Heck.

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06103

CERTIFICATE OF DEATH

Reg. Dist. No. 131

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Frederick — MARYLAND
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Frederick-Rural RD#4
LENGTH OF STAY (in this place): Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Near Adamstown

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
~~CITY~~ OR ~~TOWN~~ (If outside corporate limits, write RURAL and give nearest town): Frederick Rural RD#4
STREET ADDRESS (If rural give location): Near Adamstown

3. NAME OF DECEASED (Type or Print): (First) ELMER (Middle) EDGAR (Last) WILLARD

4. DATE OF DEATH: (Month) 6 (Day) 16 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): Widowed

8. DATE OF BIRTH: 4 Sept 1881

9. AGE last birthday: 71 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: L. Edward Willard

14. MOTHER'S MAIDEN NAME: Emma V. Myers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT & ADDRESS: Mrs. Daniel Thayer, Adamstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
442X Immediate cause	(a) Cardiac Decompensation	15 min
DUE TO		
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) Chr Myocarditis.	5 years
DUE TO	(c) Cardio-Vascular Renal Disease	5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-18-1951, to 6-16-1953, that I last saw the deceased alive on 6-10-1953, and that death occurred at 2:40 AM, from the causes and on the date stated above.

SIGNATURE: H Laurence Yahney — (Degree or title) M. D. — ADDRESS: Frederick, Maryland — DATE SIGNED: 16 June 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 19 June 1953 — NAME OF CEMETERY OR CREMATORY: Mount Olivet Cemetery — LOCATION (City, town, or county) (State): Frederick, Maryland

DATE REC'D BY LOCAL REGISTRAR: 17 June 1953 — REGISTRAR'S SIGNATURE: Elizabeth G. Heck

24. FUNERAL DIRECTOR — ADDRESS: M. R. Etchison & Son, Frederick, Maryland

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 116104

CERTIFICATE OF DEATH

Reg. Dist. No. 139

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sabillasville
LENGTH OF STAY (in this place): 53
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sabillasville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Lewis (Middle) Samuel (Last) Willard
4. DATE OF DEATH: (Month) 6 (Day) 19 (Year) 1953
5. SEX: Male.
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/9/99
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Brick Co.
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William H Willard
14. MOTHER'S MAIDEN NAME: Emma K Moorehead
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 174-01-3338
17. INFORMANT & ADDRESS: Alice Working Willard

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1
Immediate cause (a) Coronary Occlusion — 5 Minutes
DUE TO
Antecedent causes (b) Coronary insufficiency — 2 Months
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☒ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1953, to June 19, 1953, that I last saw the deceased alive on June 18, 1953, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert A. Thrasher, MD — ADDRESS: Blue Ridge Summit Pa. — DATE SIGNED: June 19, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/21/53 — NAME OF CEMETERY OR CREMATORY: Blue Ridge Cemetery — LOCATION (City, town, or county) (State): Thurmont Md

DATE REC'D BY LOCAL REGISTRAR: 6-20-53 — REGISTRAR'S SIGNATURE: J. D. Ryder

24. FUNERAL DIRECTOR: Walter Grove Waynesboro Pa — ADDRESS:

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JUN 24 1953
BUREAU V. S.